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A National Emergency and National Service

A message from the President of the Canadian Nurses Association.

"*For the second time in the lives of most of us, we are at War*" — These words, spoken by His Majesty, the King, could not fail to stir the emotions of all who heard him. The National Emergency that we had all so fervently prayed might pass is with us, and we as members of a profession so eminently prepared by training and experience are likely to be called to Service.

Whether that Service will be at home or abroad, one cannot, at this early date, foretell. The Canadian Nurses Association will follow the paths of its members with deep interest and affection, knowing that whatever duty lies ahead they will do it.

Words are so inadequate in times like these that one can do no better than quote again from the King's address to his people:

"*I ask them to stand calm and firm and united in this time of trial . . . and reverently commit our cause to God. May He bless and keep us all*".

Military Service

Once again, the call for military service has come to the nurses of Canada. At this time, it is not possible to foresee to what extent nurses will be needed for military service. Until this is decided by the Royal Canadian Army Medical Corps, under the direction of the Department of National Defence, the best and only preparation that the nurses of Canada can make is to indicate their willingness to serve if needed.

The requirements for enlistment, as a Nursing Sister under the Royal Canadian Army Medical Corps in the non-permanent division, are as follows:

(a) A British Subject, and physically fit for military service.

(b) Under forty-five years of age. Unmarried, or a widow without children.

(c) A Graduate of a School of Nursing accredited by the Canadian Nurses Association, and registered in a Provincial Registered Nurses Association.

The enrolment of nurses throughout Canada under the Joint Enrolment plan of the Canadian Red Cross Society and the Canadian Nurses Association is most important at this time. The complete list of nurses enrolled under the Canadian Red Cross Society is at the Headquarters Office of the Royal Canadian Army Medical Corps in Ottawa, and in the administration office of each Military District in Canada. These lists are kept up-to-date by the Headquarters Office of the Canadian Red Cross Society in Toronto.

Perhaps before this issue of *The Canadian Nurse* is in the hands of the nurses, definite plans may have been undertaken in different parts of Canada. If so, all calls will find the nurses of Canada ready and anxious to serve.

This statement is released for publication in "The Canadian Nurse" by the Canadian Nurses Association.

JEAN S. WILSON,
Executive Secretary.

Guarding the Flame

On the first page of this *Journal*, the President of the Canadian Nurses Association tells us in simple and moving words that the time has come when we must be ready to render National Service in a National Emergency. On the page opposite to Miss Fairley's message is a picture of the famous statuette of "The Lady with the Lamp", which many Canadian nurses have seen in its original setting in the Sisters' dining room of St. Thomas's Hospital, in London.

Look at this quiet woman, guarding the flame of the Lamp and then turn to "The Crisis and the Nurse", an article which appeared in *The Nursing Times* on the day before war broke

out. Could we have a better example than our English sisters have set for us here? The qualities of steadfastness, courage, devotion, are implicit in every line—and the watchword is *discipline*.

For many years the Canadian Nurses Association, in conjunction with the Canadian Red Cross Society, has consistently carried on National Enrolment of nurses for emergency service. More than three thousand nurses thus enrolled are now ready to be called upon for service in an orderly manner and without delay. But the ranks of this National Enrolment must be strengthened *now*. Is your name on the list? *Are you willing to guard the flame?*

E.J.

The Crisis and the Nurse

This article appeared in "The Nursing Times", Journal of the Royal College of Nursing, on September 2, 1939.

Nowhere, perhaps, has the present crisis been felt more and the threat of war seemed nearer during the last few days than in the hospital world, especially in our large cities. Black blinds, black paper, black paint or dimmed lights, coupled with sandbags filled at speed by everyone available, wooden shutters which can be quickly fitted over windows on lower floors and other special devices are to be seen on all sides. The Middlesex Hospital has gone to the trouble and expense of fitting mattresses in wooden frames to its lower windows as protection against flying fragments of glass.

Meanwhile the Minister of Health has already instructed hospitals to take certain preliminary steps connected with the reception of casualties. As a result, a certain number of beds are already empty — a step which, by relieving the staff of some of their ordinary duties, enables them to give extra time to valuable preparations.

None the less we seemed to catch the spirit of cheerful, calm efficiency which comes when every moment of every day is filled with the doing of something worth while — a spirit which still fills our hospitals in spite of the selfishness and materialism with which the modern world is supposed to be charged and which the world of fiction has shown invading our hospital walls.

The crisis has also affected the nursing world outside the hospital and brought many members forward to give their services where they are needed. *Unfortunately, many have waited for the condition to become acute before they have taken any steps, with the result that the Civil Nursing Reserve, the most recent of all branches of Government service, is now receiving so many applications that there must inevitably be some delay in dealing with them. Nevertheless, this delay should not prevent others from making application at the earliest moment. The need will*

most assuredly be greater than the supply and the most useful step for the nurse not engaged in essential nursing duties is to join the reserve as a mobile member.

In this new service we hope that every member of the nursing profession will allow discipline to be her master and will put service before convenience. For obvious reasons the hospitals in the centre of London will become mere shells, with a minimum number of beds to deal with the more urgent work. The bulk of the patients and therefore the bulk of the nursing personnel must be removed to regions of comparative safety.

As a result the nurse must be as ready as the soldier himself to give her service where service is most needed. Personal ties, all-important from the personal view-point, may make this difficult, but other servants of the State have to fit their convenience to the country's needs as best they may, and nurses must be prepared to do the same.

On the nursing profession a great responsibility will rest. Their efficiency in dealing with the situations which may have arisen even before these words appear in print will be an important force in maintaining the morale of others who have not had that contact with the world of accident and disaster in which the nurse spends her life and which she can therefore face calmly. Fear is readily banished by the forgetting of self in the need to give physical, mental and moral support to those dependent on the lead which, perhaps, she alone can give in the circumstances of her work.

Not in Vain

The cancellation and indefinite postponement of the International Hospital Congress which was to have been held in Toronto in September has been announced by the President, Dr. Malcolm T. MacEachern. In a statement expressing his deep regret, Dr. MacEachern says:

The spirit of this conference was to be world unity in the care of the sick and injured, with the promotion of better understanding between all the countries represented. Extensive plans covering every aspect of the meeting had been carried on over the past two years and were virtually complete when the war situation made cancellation necessary.

The most remarkable of these arrangements was that made for presentation of the talks in the five languages which were to predominate at this world parley of hospital people — English, French, German, Italian and Spanish. The Filene-Finlay Telephone Translator System was secured by means of which each listener at the plenary sessions could dial the language in which he wished to hear the presentation. Also, printed volumes of the Study Committee reports were to have been obtainable — each language in a separate and complete volume containing the thirty-nine reports — a veritable text-book of information on hospital subjects of all kinds.

Aside from the educational value of the various sessions, many plans were made for the entertainment of the delegates, the most extensive of these, perhaps, being for the Pageant of Healing which was to officially open the Congress. With beautiful cos-

tumes, this Pageant, presented by the nurses of Canada, was to portray the advancements in the care of the ill and injured from olden times to this day of modern efficient hospital care.

A Conservation of Health Meeting had been arranged for the public of Toronto, to introduce to them some of the outstanding hospital authorities not only of the United States and Canada, but also from England, Belgium and Switzerland.

It is a matter of sincere regret to all who were concerned with the plans for the Congress that they could not be realized at this time with undoubtedly rich results in the betterment of hospitals the world over. However, let us look forward to the day when an even greater unity of hospital people will bring to us a meeting like the one planned, and we shall feel our efforts will not have been in vain.

Canadian nurses had eagerly looked forward to the Congress and are keenly disappointed by its cancellation. Moreover, they have a high appreciation of the unstinted energy and magnificent executive ability with which Dr. MacEachern has striven for hospital betterment. His task has not been in vain and perhaps the day is not far distant when "the unity of hospital people" may once more be demonstrated.

To the Nurses of Poland

Early in 1919, almost at the moment of the Signature of Peace, the famous English periodical, "Punch" published an anthology called "Mr. Punch's History of the Great War." In its pages may be found famous cartoons, verses grave and gay, comment witty and wise, which heartened England during four long years. From this History we quote the following lines, addressed "To Any Soldier".

If you have come through hell stricken or maimed,
  Vistas of pain confronting you on earth;
If the long road of life holds naught of worth
And from your hands the last toil has been claimed;
If memories of horrors none has named
  Haunt with their shadows your courageous mirth
  And joys you hoped to harvest turn to dearth,
And the high goal is lost at which you aimed;
Think this — and may your heart's pain thus be healed —
  Because of me some flower to fruitage blew,
Some harvest ripened on a death-dewed field,
For these great things know your reward is sure.

Although the kind permission of "Mr. Punch" has not been asked, we think he would approve this unauthorized dedication of his lines to the Nurses of Poland. Tireless in their devotion to their country in times of peace, in war they uphold its honour — and their own.

OCTOBER, 1939

All's Well with the World!

WINNIFRED ASHPLANT

Victorian Order of Nurses, Kitchener, Ont.

Scanning the programme for the afternoon's work, our V.O.N. found that Baby G. was due to receive a post-natal visit. So, with the Little Black Bag in hand she started off and arriving at the home of Mrs. G, found a very doleful individual sitting outside on the steps, gazing vacantly into space. The nurse greeted the gentleman with a cheery "good afternoon", but a grunt was his only response.

Tapping at the front door, the nurse noticed the window blind being raised a fraction of an inch and heard a loud whisper — "Mum, it's the Nurse". The door was gently opened just far enough to allow the nurse to enter. The Doleful One raised one eyelid, and continued to gaze into space. Upon entering, the nurse found wild disorder. The whole of their household effects were being hastily moved out of the back door. Eight children, varying in age from two years to seventeen, pushed carried or otherwise propelled some article of furniture to the rear exit. Pandemonium ceased for a moment while a space was quickly cleared on the table and a newspaper was laid out for the nurse's bag while one little lad proudly folded a paper bag.

The nurse suggested that, as they appeared to be very much upset, it might be more convenient if she postponed her visit for a day or two and then called at their new home. However, Mrs. G. decided she would rather have the visit completed as they were moving outside the city limits and there were several questions she wanted to ask, as well as having the Baby weighed.

Eight pair of eyes followed the nurse as she washed her hands and laid out the necessary articles. Baby was duly weighed and was found to have gained no less than seven ounces. Eight broad grins lit up the room: *The baby has gained, all's well with the world.* After a review of health habits, the nurse wished them good luck in their new home and departed.

But the Doleful One sat on — HE WAS THE BAILIFF.

AN ESSAY ON STYLE

This then is Style. As technically manifested in Literature, it is the power to touch with ease, grace, precision, any note in the gamut of human thought or emotion. It comes of endeavouring to understand others, of thinking for others rather than for yourself—that is, of thinking with the heart as well as the head. It is richly careless of thanks or applause, not being fed by these but continually refreshed by an inward loyalty to the best. Like character, it has its altar within; to that it retires for counsel, from that fetches its illumination.

Sir Arthur Quiller-Couch

A Canadian in New Zealand

DOROTHEA SHIELDS

When I arrived in New Zealand on March 6, 1939, I was given a week in Auckland in which to visit the different hospitals and the numerous health organizations, and become somewhat familiar with the different types of health work done. It was a very pleasant break and it gave one an opportunity to become orientated, and here I might add that when a nurse gets ambitious ideas of doing exchange work in another country she must be fully prepared to make many minor adjustments which will enable her to fit adequately into her different and unusual surroundings.

Upon my arrival in New Zealand, I discovered that all traffic travelled on the left hand side of the road which is contrary to all the rules of the road that one has ever been taught and I still find myself in terror of being run over every time I step off the pavement. New Zealand has rightly adapted many Maori names for its cities, towns, and streets and these names are extremely musical, but to the unaccustomed ear they are somewhat difficult and I will admit that I had some difficulty in Auckland trying to explain to the tram conductor to let me off at Karangahapi Road, which is one of the main streets.

My first two months were spent in the small city of Hamilton on the North Island but as I expect to spend more time on the North Island toward the end of my year, I will leave that part of my experience for a later report. During May, Miss Lambie, who is Nurse Director, suggested that I move to Dunedin, a very beautiful city on the southern part of the South Island. While there I have had some opportunity of visiting the local hospitals and have been interested in learning something of the training of nurses in New Zealand. The entrance age is nineteen years. The first month of the nurse-in-training is spent in preliminary class work and not until her fourth week does she spend a whole day on the wards. The nurse rises at 5 a.m. and has bread and butter and tea before proceeding to the wards at 5.40 a.m. At 8.30 a.m. she is given her alloted half-hour in which to have breakfast. This morning shift comes off duty at 3 p.m. The afternoon nurses arrive on duty at 2.30 p.m. and remain till 10.30 p.m. The night nurses start at 10.30 p.m. and are off duty at 7 a.m.

A nurse's general hospital training consists of three years and three months, but in some cases it may be necessary for her to remain in hospital an added three months as she is not allowed to leave the hospital before writing her final hospital examinations and these are set twice a year, in May and in November. After completing her hospital training she may remain as a staff nurse for one year's experience, after which she may be appointed to the staff and become a hospital sister, which is a decided step up in the scale of nursing.

The nurse's general training does not include experience in obstetrics and for this it is necessary to take an added six-months course at one of four specialized maternity training schools. During her maternity training it is necessary for her to assist at five deliveries. After getting her maternity certificate the nurse usually continues and spends an

added six months at one of the designated hospitals to enable her to get her midwifery certificate and during this period it is necessary for her to assist at twenty deliveries.

Now this nurse, with three certificates to her credit, will usually consider taking her "Plunkett" training in infant welfare. This is a four-months course and the only centre where it is given is the Karatone hospital in Dunedin. If the nurse still continues to further her education in nursing, she may take the public health course, which is a six-months course given in Wellington. So far, with only a small percentage of the nurses having taken this course, it is not considered essential prior to obtaining a position with the Health Department. However, the Health Department is now granting from three to five bursaries a year to enable their staff to take the public health course.

I was fortunate in having a week's observation in the Queen Mary Maternity Hospital which is a new and very up-to-date one of twenty-six beds. As Dunedin has the only medical school in New Zealand, this hospital is kept exclusively as a training school for medical students. Six students are in residence at a time. Each student delivers four cases and must witness twenty-four cases in all. Their stay usually varies from two to three weeks.

There is a large out-patient department and the nurse has a clinic three mornings a week, at which time she obtains all the necessary information, does urinalysis and takes careful note of any unusual symptoms. The honorary doctor has a clinic two afternoons a week and all patients are then examined during their last six weeks of pregnancy, at which time the doctor lectures to his medical students. They have a very excellent screening arrangement which screens off the patient's head and shoulders and gives her a certain amount of privacy while the doctor is conducting his clinic.

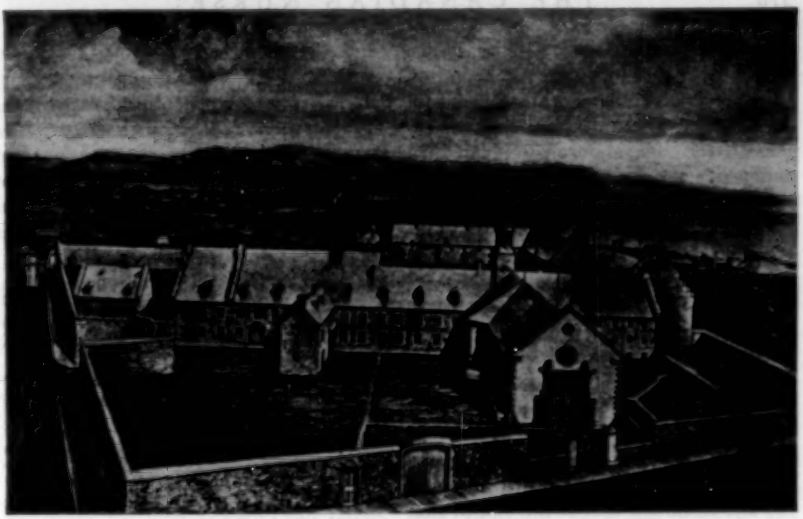
I was present at a number of deliveries and was interested in seeing that all obstetricians have their patients in the lateral position for delivery.

Connected with the Dunedin Public Hospital is a massage department which is a training school for students where they give a two and a half years' course. Connected with this department is a member of the staff who has recently returned from post-graduate work in London, England. While there she spent considerable time studying the Margaret Morris Method of exercise for pregnant women, both ante-and post-natal and this has recently been inaugurated into their maternity work.

The patients are encouraged to attend the out-patients' department as early in pregnancy as possible and are at once started on simple leg and abdomen muscle contraction exercises. These are gradually increased till by the time she is due for her delivery, the patient has already spent many months exercising and developing the different muscles used during her delivery, thus enabling her to make more use of her pains and assisting her to have a shorter and less painful delivery. The patient is less likely to be confronted with the terrible soreness of muscle strain which so often follows delivery.

Editor's Note:

The author of this article, Miss Dorothea Shields, is a member of the nursing staff of the Metropolitan Health Committee of Greater Vancouver. Under the auspices of the Exchange of Nurses Committee of the Canadian Nurses Association, she is now spending a year in New Zealand and is studying public health nursing in that country.



THE HOTEL-DIEU DE QUEBEC, ABOUT 1816.

All illustrations used in this article have been prepared from photographs of pictures which are in the possession of the Department of Public Archives of Canada, and are published by the courteous permission of the Deputy Minister, Mr. G. Lanctot.

History of the Hôtel-Dieu de Québec

W. B. HOWELL, M.D.

On the morning of the fourth of May, 1639, a procession of carriages passed through the narrow streets of the little Norman town of Dieppe. Six nuns, escorted by a number of noble patronesses, were on their way to the harbour, to embark for New France. The townspeople thronged the route, eager to catch a glimpse of the departing travellers and to bid them God-speed. The perils of the voyage were well known to the people of Dieppe. Every year they saw ships limping back, with hulls battered and masts and rigging broken by the fury of the North Atlantic, with gaunt crews who told how scurvy, dysentery and fever had reduced their numbers. Every year some ship set sail for the banks of Newfoundland or for the fur-trading station at Tadousac, and when she rounded the neighbouring headland, disappeared forever.

Of the six nuns, three belonged to the nursing order of Les Réligieuses Hospitalières de la Miséricorde de Jésus and three to the Order of Saint Augustine, the oldest religious nursing order in the world. They were leaving the ancient Hôtel-Dieu at Dieppe to found

a new Hôtel-Dieu at Quebec. The venture had originated in the mind of the Duchesse d'Aiguillon. This devout woman was not only providing money herself for the undertaking, but had obtained a grant from the French king through her uncle, Cardinal Richelieu. She had already secured land at Quebec for her hospital. The three women whom she was sending out were Mère de Saint Ignace, the Superior, Mère Anne Lecointre de Saint-Bernard, and Mère Marie Forestier de Saint Bonaventure de Jésus. The eldest of them was twenty-nine years old and the youngest twenty-two. With them went a humble and fervent creature who was to act as their servant for ten years on the sole condition that at the end of that time she was to be made a lay sister. Her name was Catherine Chevalier.

On that May day of 1639 the weather was fine and the wind favorable when the Dieppe fleet set sail for New France. The women passengers were on board the little flagship, St. Joseph. For all their high purpose they would have been less than human if they had not felt some sinking of heart as they watched the shores of their native land receding from their view. Scarcely had the fleet gained the open sea than the direction of the wind changed, a gale sprang up and it became necessary to turn back. The St. Joseph anchored in a roadstead exposed to the waves where for fifteen days she rolled and pitched, while her passengers had their initiation into the miseries of seasickness and the dirt and discomfort of a life on board a ship.

When the weather changed, another start was made. There was war at the time between France and Spain. The little fleet sighted a squadron of Spanish men-of-war in the channel and only escaped after a prolonged chase. There was fog in the Gulf of St. Lawrence and the ships had to grope their way with only the most primitive charts to show the course; finally after two and a half months they anchored at Tadousac. Twelve days later the voyage was resumed on board another and much smaller vessel, and four days were spent in tacking along the beautiful north shore of the St. Lawrence.

Quebec was *en fête* to celebrate their arrival. The governor of New France, Mons. de Montmagny, sent his state barge, decorated with flags to meet them, and as they stepped ashore, bade them welcome. The soldiers fired a salute with cannon, swivel guns and even muskets. The citizens formed a procession and conducted the newcomers through the little settlement to the upper level where stood the church of Nôtre Dame de la Recouvrance. There the nuns gave thanks to God for their safe arrival. The company of the Hundred Associates had placed at their disposal a six-roomed house in the upper level, Close to Fort St-Louis. It contained no furniture except two benches and a table, the top of which was a single plank. As their effects had not come ashore they obtained some fresh spruce boughs which, being covered with caterpillars, made uninviting beds.

Shortly after their arrival the nuns went to look at the site which the Duchesse d'Aiguillon had secured for them. They were bitterly disappointed. The approach was difficult, the ground rocky and uneven, there were no springs. All water would have to be carried from the river St. Charles up a steep bank. The distribution of the buildings was badly planned. Work had begun but had not proceeded beyond the laying of the foundations. After some consideration the nuns decided to stop the work and abandon the situation.

Among the first tasks which they undertook after their arrival was the study of the Indian language. They had not long to wait for opportunities to apply their knowledge, for that autumn an epidemic of malignant smallpox broke out among the Indians. Until the following spring, the hospital was crowded with savages desperately ill, some of them raving in delirium, some waiting for death with sullen patience. The fetor due to the disease and to the overcrowding was little mitigated by ventilation, for the windows were kept tightly closed to exclude the bitter cold of the winter air.

Early in the epidemic the kitchen was converted into a ward, and birch-bark huts were erected around the hospital for the accommodation of more patients. The lower-class women in the town were too much afraid of infection to do the hospital washing, so the nuns had to do it themselves. All the water had to be carried by hand up the steep bank of the river as there was no cart in which to transport it. When the supply of material for bandages and dressings gave out, the nuns cut up their own linen, even sacrificing their veils.

In June 1640 the nuns gave up their house in Quebec to the Jesuits, whose residence had been burned down. Having come to the conclusion that their services were needed more by the Indians than the French, they moved to Sillery, a settlement three miles from Quebec, inhabited by Algonquins and Montagnais Indians, with a Jesuit mission in its midst. While a hospital was being built for them they occupied a house with three rooms, one of which was used as a ward, one as a chapel and one as a combination of kitchen, refectory, and dormitory. At the beginning of the winter they moved into their new building, though it was by no means ready for them. The work had been done so hastily and unskilfully that everywhere between the boards of the floors and wall were chinks which admitted the icy winds and the drifting snow. The suffering of the nuns from cold were aggravated by hunger, for food was expensive and money scarce. It is not to be wondered at that three of them fell ill. One of these was Mère St. Ignace, another was Mère de Sainte Marie who had arrived from France the previous summer. Before the snow melted, she was dead.

When the number of sick Indians became so great that they could not all be taken into the hospital the nuns visited them in their lodges, the filth and confusion of which were a sore trial to the orderly minds of women who looked upon dirt in any form as an abomination. They quickly found that the white robes of their order were unsuited to such surroundings, and dyed them grey because that is a colour less easily stained.

At this time the Iroquois were becoming more and more bold in their attacks upon the French and the Algonquin and Huron Indians. Bands of warriors, fifty, a hundred or two hundred strong were roaming about New France massacring, scalping and carrying away prisoners for the purpose of torturing them. When the danger of an attack seemed imminent, the Indians of Sillery removed their huts from the neighborhood of the Jesuit mission and erected them around the walls of the hospital, thinking it an easier place to defend because the grounds were surrounded by a wall. The danger of the nuns, consequent upon the isolated position of their hospital, became a cause of grave anxiety to the authorities in Quebec and to the Jesuits.

One day two Jesuit missionaries came to visit them and to warn them of their danger. One was the gentle scholarly

Isaac Jogues, the other Jean de Brebeuf, a scion of a noble family of Normandy, a lion of a man in strength and courage. Much as they differed outwardly they were alike in this—that each knew in his heart that he would sooner or later fall into the hands of the Iroquois to be tortured and murdered—and both were right. There was a long conference. The two men spoke of the probability that Sillery would have to be abandoned. It was a grievous blow to the nuns. They had spent so much of their little capital in building their hospital and now it might all be lost. Finally they agreed to resume building on their land in Quebec.

Jogues, as he said good-bye to the Mother Superior, asked for the prayers of the community. He was starting off again for the Huron mission, a thousand miles away. Within a few days he was a prisoner in the hands of the Iroquois and was being tortured. Part of the skull of Brebeuf is to this day a treasured relic in the possession of the community of the Hôtel Dieu.

It was not till 1644 that the Iroquois came close to Quebec. One day in the month of May news was received that a war party had attacked the settlement at Cap Rouge, and was on its way to Sillery. M. de Montmagny sent a messenger to the nuns, ordering them to come at once to Quebec. Their answer was characteristic. They could not, they said, leave their patients. They asked to be allowed to stay and share their fate. The governor did not insist. Instead he sent six soldiers, all he could spare from his little garrison. The Indians at Sillery had built, round the hospital, houses like those of the French. When the attack came it was hoped that the settlement would be able to hold out until help arrived from Quebec. Day after day and night after night went by in momentary expectation of the sound of the war-whoop. Vigilance was relaxed a little and a party of French and Algonquins, moving through the forest in the neighbourhood, fell into ambush and were nearly all killed or taken prisoners.

This disaster had a demoralizing effect on the Indians left in Sillery. They promptly decamped, leaving the nuns and the few other white people to look after themselves. Mons. de Montmagny himself, now came to urge the nuns to return to Quebec. He told them that their services were urgently needed among their countrymen and offered to lend them a house. The departure of the Indians from Sillery having removed the chief reason for staying there, they consented to comply with the wishes of the governor. They left on May 29, 1644.

They embarked with their effects in a large open boat, but a high wind drove them past Quebec without giving them an opportunity to land. They finally reached the shore at Beaupré and had to walk back six miles to Quebec. Late in the evening they arrived, tired out, at the building which the governor had offered to them; and found that it was nothing more than a dilapidated hut full of frogs. It was long before they could bring themselves to lie down on the ground and sleep.

The construction of the new hospital was proceeding slowly and the walls were not completed. In order to hurry on the work these indomitable women worked as navvies. They collected stone, loaded and pushed wheel barrows; they turned the handles of the windlasses; they cooked for the workmen; they helped to clear the ground around the hospital of trees lest these might afford cover to attacking Iroquois. The new hospital was opened for patients in 1646. To their great

The women's ward in the Hôtel-Dieu de Québec, about 1877.

satisfaction the nuns were then able to resume the white robe of their order.

During this time a small house in the neighbourhood was used for the French patients. The sick Indians were nursed in huts which the nuns allowed them to put up in the courtyard of the unfinished hospital. For several years after the hospital was opened, these huts contained families of Algonquin and Huron Indians who were prevented from going into the forest to hunt by fear of the Iroquois, and would have starved but for the charity of the nuns.

Existence in Quebec was full of peril, hardships and deprivations; the whole colony was in constant danger of extermination by the Iroquois; the people were desperately poor and could afford to import only the barest necessities of life. From November to May the colony was cut off from all communication with the world. When navigation opened, ships arrived with letters from friends and relatives in France, letters long anticipated and greatly longed for. In the same ships were men ill with infectious diseases which spread all over New France and sometimes far beyond, even to the Pacific coast.

As Quebec grew the demands upon the Hôtel Dieu became greater. There was a steady increase in the amount of accommodation for patients. The nuns forming the community became more numerous. At first they were recruited from France, but in time, Canadian ladies aspired to join the order and were accepted. The first woman of Canadian birth to become a hospitalière was the daughter of Robert Giffard, who besides being a physician was seigneur of Beauport.

The year of 1660 was one of the most critical in the history of New France. The water-ways were infested by bands of Iroquois on the lookout for opportunities to massacre the settlers or to carry them off into captivity. The situation of the Hôtel-Dieu made it particularly exposed to attack and, at the earnest representations of the gov-

ernor and the Bishop of Quebec the nuns consented to take refuge at night in a building lent them by the Jesuit fathers. Three nuns, however, remained every night on duty to the hospital with a guard of soldiers.

The year 1665 was a busy one at the Hôtel Dieu. This was partly owing to an increase in the number of settlers who came from France, and partly to the arrival of a regiment with many of its personnel ill with what was described as "malignant fever", probably typhus. When the second half of the regiment arrived, one hundred and thirty sick soldiers were admitted to the hospital in one day. Of the fourteen nuns who constituted the community of the Hôtel Dieu, seven contracted the disease.

The same year arrived Jean Talon, the intendent sent by Louis XIV to reorganize the affairs of the colony. One of his first acts was to pay a visit to the Hôtel Dieu. He appreciated the importance of the work being done there and during his term of office did all he could to encourage it. Besides building a new pavilion and new wards he installed a laundry and arranged for an adequate water supply. The water was brought from a considerable distance through conduits of lead and wood. There was a tap put in the men's ward and one in the women's. One of the pipes, an iron one, passed through a chimney, so that warm, perhaps even hot water, could be obtained day and night, if the wards were not too cold. If the nuns began now to pride themselves on having an up-to-date hospital they were not without some justification. The wards of the Hôtel Dieu were always full. To gain admission all that was necessary was to be poor and ill. Infectious cases lay side by side with non-infectious, and the symptoms of both were in winter accentuated by scurvy and starvation.

The incidents which relieved the lives of the nuns from monotony were all tragic—epidemics which took a toll of their lives, famines, wars and fires. There is a history of the Hôtel Dieu, written by one of the Sisters, Francoise Juchereau, and published in 1751 which gives much interesting information about the pestilences which scourged the people of Quebec, and indeed of all New France. Of the first epidemic of typhus she says: "The last vessels of the season were infested with malignant and contagious diseases . . . almost the whole country was infected, and the hospital filled with sick." The people of Quebec were comparatively healthy in 1664, for "there were no diseases except those brought over by the vessels of the King. There died about a hundred of those who disembarked."

The year 1665 was distinctly unhealthy:

> There were so many sick in this ship that soon the wards, the chapel, the barns, the chicken run, and all the hospital grounds, wherever a place could be found for them—even tents were put up in the yard—were filled. We redoubled our efforts to serve them and they had great need of our help—fevers, terrible and burning; delirium and much scurvy. There came into our hospital more than three hundred sick; the women's ward was filled with officers of quality. At the beginning twenty died—we took them in half-dead."

This epidemic was typhus.

On the tenth of October 1690 the routine of the Hôtel Dieu was suddenly interrupted. The nuns, their women servants, and the men employed about the grounds were to be seen moving about in a state of feverish activity. They were hurriedly collecting whatever was valuable and movable and were loading it upon carts. In a quiet corner of the garden three or four nuns were furtively burying the church plate.

News had arrived that a fleet of thirty-three ships, most of them transports carrying troops from the American colonies, was on its way up the St. Lawrence, under the command of Sir William Phips, to attack Quebec. Count Frontenac, the governor, was away and the town major, François Prévost, anticipating a bombardment, had given orders to the nuns to evacuate their hospital and go to Indian Lorette. In the midst of the preparations the fiery old governor arrived from Montreal. He immediately sent word to the Hôtel-Dieu asking the nuns to remain.

The bombardment began on the seventeenth of October. Many cannon balls fell in the hospital grounds. In one day no less than twenty-six were picked up. These were carried off to the French gunners to be fired back, for ammunition was scarce. None of the sisters was killed or wounded although there were some narrow escapes. Hungry soldiers stationed around the Hôtel Dieu received food from the scanty store of the nuns and repaid them for their kindness by carrying off fire-wood, vegetables and fruit which had been set aside for use during the coming winter. In addition, the military authorities requisitioned rafters and boards belonging to the hospital for strengthening the fortifications of the city. The nuns had good reason to be discouraged. However, Phips' attack was a failure and on October 21 the people of Quebec looked down upon his squadron as it weighed anchor and sailed off towards the east.

During the last thirty years of the seventeenth century the physician of the Hôtel Dieu was Timothée Roussel. It was he who decorated the front of his house with the carved "Chien d'or" which is now to be seen over the entrance of the Quebec Post Office. Roussel died of influenza during the epidemic of 1700.

One of the worst epidemics of smallpox during the French régime occurred in 1703; it was started by a solitary Indian who was sickening with the disease when he landed at Quebec from his birch-bark canoe. A kind-hearted citizen, seeing that he was ill, took pity upon him, brought him into his house and cared for him. Next day the Indian's skin was covered with the eruption of small-pox and soon afterwards he died. The disease in its most malignant form broke out in his benefactor's family and spread through the town, and then all over the country. Whole families were stricken at the same time. There were not enough priests in Quebec to minister to the dying and to read the burial service over the dead. Corpses were hurried to the churches and unceremoniously buried in pits which held from fifteen to twenty. Most of the nuns of the Hôtel Dieu contracted the disease and five of them died. The ladies of Quebec volunteered to help, and were employed, being inexperienced, to look after the sick nuns. The nuns who were well, gave their time and the benefit of their training and experience to the public patients.

There was an epidemic in 1710 of what is now believed to be yellow fever. It was known among the French as "maladie de Siam". That summer a ship, the "*Belle Brune*" arrived at Quebec with a number of her crew ill with a fever. Several had died during the voyage. Surgeons from the Hôtel-Dieu had visited the ship and had satisfied themselves that the disease was not infectious. The sick sailors were taken to the hospital and the healthy ones allowed to mingle with the townspeople. In a short time the disease became an epidemic and spread throughout the

country causing a great many deaths. The Hôtel-Dieu was soon crowded. Twenty-four of the nuns fell ill and six died.

In 1718 the country was ravaged by a "malignant fever" and in 1734 there was a severe epidemic of what Heagerty thinks was haemorrhagic small-pox. That year died Michael Sarrazin de l'Etang, after serving the Hôtel Dieu faithfully for forty-five years as surgeon. He was one of the most gifted, and is the best-known of the early doctors of Canada. He was a physicians as well as a surgeon, a biologist and a botanist.

In 1740 a ship, the *Rubis* brought to Canada a disease which was supposed to be plague. Two hundred and forty-one cases were admitted to the Hôtel Dieu and of these, twenty-five died. In view of the low mortality Heagerty thinks that the disease may have been influenza. "I have never seen so many patients here," wrote Mère Duplessis de Saint Hélène, "the halls, the attics (greniers), the parlours, all are full, and we can hardly pass between the beds. All become black as negroes when they die."

By the middle of the eighteenth century, the Hôtel-Dieu had become an institution of considerable importance in the colony. It was not only a civil hospital, but a naval and military one as well. The community of nuns had increased in number to fifty. In the summer of 1755 there was fighting between France and England in North America, though war had not been formally declared. There was a large garrison at Quebec and many of the French King's ships and merchantmen lay at anchor in the harbour. The hospital was at its busiest, when on June 7, it caught fire. The whole collection of buildings burned to the ground. One nun was killed and another escaped only with the greatest difficulty. At the same time were destroyed many important documents and interesting records, as well as a picture by Raphael.

Immediately after the fire, the Jesuit fathers placed a wing of their building at the disposal of the nuns and the Bishop of Quebec, Mgr. de Pontbriand, lent them his palace to use as a hospital. By July 16, they announced that they were ready to receive patients again. They had two wards and these were quickly filled. Their difficulties in resuming their work were increased by an epidemic of small-pox. Eight of the nuns fell ill and one died.

The nuns were now in a state of great perplexity. Their advisers were against re-building; the future was uncertain. On account of the war, labour was scarce and expensive. But the nuns, after careful consideration, decided to rebuild.

In the summer of 1756 the French frigate, *Leopard*, carrying troops from France, arrived at Quebec with plague raging on board. The sick soldiers and sailors were sent to the temporary Hôtel-Dieu in such numbers that the nuns found themselves obliged to turn their dormitory and common room into wards, and to occupy a cloister, which was too small for either comfort or health. The epidemic robbed the hospital of its physician, Jean François Gaulthier, a man of some mark in the scientific world; an authority on metereology, natural history and botany.

The hospitalières moved into their new buildings on August 1, 1757. They had hardly got settled when there was a great influx of typhus patients. One day they received no less than eighty-four. In the space of three months they had ninety-seven deaths. As usual the community of nuns paid toll for the privilege of looking after

fever patients. Twenty-two became ill and five died.

In the summer of 1759 Admiral Saunders' naval guns and Wolfe's batteries at Point Lévis pounded Quebec for two months. The Hôtel-Dieu, being in an exposed position, had to be vacated at the beginning of the bombardment. The Sisters took refuge at l'Hôpital General, leaving five of their number to act as caretakers. The General Hospital was situated on the right bank of the St. Charles river and was crowded with sick and wounded French soldiers, and with refugees from the town. Barns, stables, outhouses and garrets were occupied. The nuns from the Hôtel Dieu helped to look after the patients and from the upper windows of the main building were able to see the battle on the Heights of Abraham. After the battle, they worked over the hundreds of wounded which were brought in.

After Quebec had capitulated and the British army had taken possession, the Sisters returned to the Hôtel-Dieu. It was a sad homecoming. The walls of the hospital had been pierced by projectiles, some of which had exploded inside it. The courtyards and garden were furrowed by cannon balls. The trees in the orchard had been broken down. The cattle had all disappeared, requisitioned to supply food for the soldiers.

Next spring there was war again. At the battle of St. Foye the British sustained heavy losses and were obliged to retreat into the town. For a month the French beseiged the city. Both sides realized that the fate of Quebec, even of Canada, depended on whether French or English ships would be the first to appear in the river. On May 9 the nuns looked down upon the river and saw a man-o-war approaching with

La Duchesse d'Aiguillon

her decks cleared for action. They waited in an agony of suspense to see what colours she would display. As she came to anchor she raised the Union Jack.

After peace was signed between France and England the Duchesse d'Aiguillon, grandniece of the foundress of the Hôtel-Dieu, wrote to William Pitt, then Prime Minister describing the plight of the hospital and the nuns, and implored his help. The following is a translation of his answer:

Mr. Pitt is flattered by her Grace the Duchess of Aiguillon's expressions of goodwill. He considers himself fortunate in being able to help in a matter which besides having a claim on his humanity, gives him the privilege of carrying out her commands. As regards the Hôtel-Dieu of Quebec he has the satisfaction of being able to assure her that the nuns have been treated with the respect which is so eminently their due, and that they receive from our officers every consideration that pity for their mis-

fortunes and gratitude for their kindness to our sick and wounded can suggest.

The affairs of the Hôtel-Dieu were now at a low ebb. On March 26, 1762 the Sisters held a meeting to consider what was to be done. They owed 107,185 francs, a sum which must have seemed to them colossal. They had no provisions left; flour, meat, vegetables, all had been consumed. They had not even any fire-wood. There were no prospects of replenishing their stores. Their creditors were pressing them. The situation seemed hopeless but the hospitalières never knew when they were beaten. They sold the silver belonging to the community and raised six hundred and eighty francs. Half of this sum went as a sop to their most urgent creditors —one of them a butcher. Next they sold their great clock; this brought in one hundred and ninety-two francs. Later they sold some of their land. They earned money by taking in washing for churches, by baking bread for the Seminary and by letting rooms to boarders.

It was not until 1784 that the nuns were relieved of the presence of troops billeted upon them. They then opened two wards, one of ten beds for men, the other of eight for women. The work of the hospital increased steadily though the struggle for means to finance it continued for many years. By 1816 the wards had become so crowded that sick people had to be turned away from its doors. The nuns, though they had only forty-eight hundred dollars on hand laid the foundations of a larger building. This was partly paid for by public subscription and partly by the government. So slowly did the work proceed that it was not finished until the autumn of 1825.

The Hôtel Dieu played its part during the many epidemics of the nineteenth century. Like the other Quebec hospitals it was crowded to excess in the great cholera epidemics of 1832 and 1834; and in the lesser ones of 1849, 1851 and 1854. Typhus filled its beds in the great epidemic of 1849 and influenza in 1826, 1830 and 1889.

As the wealth of Canada has increased during the last hundred years, so have the affairs of the Hôtel-Dieu steadily become more prosperous. The little log cabin of 1639 had become a large hospital—a living memorial to the courage and devotion of the women who have carried on the work from generation to generation, during three centuries.

EDITOR'S NOTE:

This article is the substance of an address delivered by Dr. W. B. Howell before the Antiquarian and Numismatic Society of Montreal. The manuscript was made available for publication in the *Journal* through the courtesy of Miss Mabel K. Holt, Superintendent of Nurses, The Montreal General Hospital.

THE EDITOR'S DESK

On Duty

The Canadian Nurse is the official organ of the Canadian Nurses Association and, therefore, in the present crisis is called upon to publish all statements which that Association may see fit to release from time to time.

In this issue will be found a message from the President of the Canadian Nurses Association, immediately followed by a statement regarding Military Service which has been duly authorized for publication by the Association. Information regarding the Enrolment of Nurses for Emergency Service appears on page 550.

Yesterday's Newspaper

Someone has said that there is nothing so old as yesterday's newspaper and, with that melancholy fact in mind, we have been turning the pages of the September issue of this *Journal*. International co-operation was its main theme and one illustration shows representative nurses from eighteen countries taking counsel with one another even in the shadow of the approaching storm. Then there is a picture of a quiet library where nurses from all the world used to work and study together. On yet another page, our greetings are extended to the great International Hospital Congress we had so proudly hoped to welcome to Canada.

It seems now as though these pleasant things were only the fabric of a dream and never really happened at all. But they did happen and they will happen again. In the meantime, let us be proud that it was upon English soil that the Board of Directors of the International Council of Nurses met in friendly conference and that Canada stood ready to welcome the hospitals of all the world.

Three Hundred Years

During the last days of August, the celebration of the tercentenary of the Hôtel-Dieu de Québec took place in the grey old city whose winding streets are so closely bound up with the early history of Canada. The occasion was marked by appropriate festivities for which the well equipped modern hospital provided a magnificent setting. Although not much of the original fabric of the buildings is left, parts of the cloister wall and of the foundations are still standing. In the pharmacy, gay with sunlight and flowers, we were even allowed, for a moment, to hold in our hands two silver funnels brought out from France in the very early days. The well kept wards were filled with patients who, it was quite evident, were receiving the excellent nursing care for which through the years, the Sisterhood has become famous.

By way of tribute to a noble tradition, this *Journal* contains an historical sketch of the Hôtel-Dieu de Québec, based on an address delivered by Dr. W. B. Howell before the Antiquarian and Numismatic Society of Montreal. This authoritative record is in itself a glorious page in the History of Nursing in Canada. To read it, in these days of trial, is to find new courage and inspiration for the task which lies ahead.

McGILL SCHOOL FOR GRADUATE NURSES

Miss Clara Aitkenhead (Teaching and Supervision, 1939) has been recently appointed to the staff of the Port Chester Hospital, N. Y.

Miss Muriel Andrews (Teaching and Supervision, 1939) has been recently appointed to the staff of the University of Alberta Hospital, Edmonton.

Miss Anna Bennett (Teaching and Supervision, 1939) has been recently appointed instructor at the Prince Edward Island Hospital, Charlottetown.

Miss Isobel Cation (Teaching and Supervision, 1939) has been appointed instructor at the Hospital for Sick Children, Toronto.

Miss Betty Coe (Teaching and Supervision, 1939) has been appointed instructor at Royal Columbian Hospital, New Westminster, B. C.

Miss Eva Hamilton (Teaching and Supervision, 1939) has recently been appointed to the staff of the Saskatoon City Hospital as instructor.

Miss Ella Howard (Teaching and Supervision, 1939) has recently been appointed to the teaching staff of the Nicholls Hospital, Peterborough, Ontario.

Miss Helen MacKay (Teaching, 1939) has been appointed in charge of the Teaching Department at the Women's General Hospital, Montreal.

Miss Kathleen McLaughlin (Teaching, 1939) has been appointed to the teaching staff of the Regina General Hospital.

Miss Edith Weston (Teaching, 1939) has been appointed to the Teaching Staff of the Saskatoon City Hospital.

Miss Joyce MacDonald (Public Health, 1938) has recently been appointed to the staff of the Public Health Clinic, Dalhousie.

Among the visitors to the School during the summer were Miss Phyllis Brown (Teaching, 1938); Miss Blanche Anderson (assistant superintendent of nurses at the Ottawa Civic Hospital); Miss Helen Saunders (Public Health, 1936).

Miss Margaret Inness (Public Health, 1935) was married recently to Mr. Robert E. McClearn.

REFRESHER COURSE IN MENTAL HYGIENE

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in mental hygiene. This course will be given October 18 to 21, in the School of Nursing, University of Toronto. The course will include lectures and discussions on various aspects of mental hygiene, and will deal with the field as a whole and in relation to the various age groups. The following will contribute:

Dr. C. W. Hincks, director, Canadian National Committee for Mental Hygiene.

Dr. C. B. Farrar, professor of psychiatry, University of Toronto.

Dr. W. E. Blatz, professor of psychology, University of Toronto.

Dr. G. H. Stevenson, superintendent, The Ontario Hospital, London.

Dr. C. R. Myers, assistant professor of psychology, University of Toronto.

Dr. J. D. M. Griffin, associate medical director, Canadian National Committee for Mental Hygiene.

Round table discussions have been arranged which will deal with the application of mental hygiene in the hospital and the public health field. Observation visits will be arranged to certain centres in Toronto, such as the junior and senior auxiliary classes and the Institute for Child Study.

If sufficient applications are not received within a reasonable time, the course will be withdrawn. Refunds of money paid can be arranged, in case of inability to attend, up to the first day of the course. No credits will be given for this work, nor will any certificate be awarded. The fee will be $5.00.

Applications should be addressed to the Secretary, School of Nursing, University of Toronto, Toronto.

Nursing Care in Bronchoscopy

REGINA REID

Operating Room Supervisor,
Saint John Tuberculosis Hospital, Saint John, N. B.

Bronchoscopy is a term applied to per oral endoscopic examination of the bronchial tree. By direct vision and with the aid of bronchoscopic lights, Dr. Chevalier Jackson says: "One can 'look and see' rather than 'wait and see' the cause of many symptoms of the respiratory tract". Before undergoing bronchoscopy, the patient is always given a physical examination, including laboratory analyses and X-ray. There are few contra-indications for bronchoscopy when bronchoscopic examination seems desirable. In practically all diseases of the lungs and tracheo-bronchial tree, bronchoscopy may be indicated though not in every case.

It is a very important diagnostic procedure and should not be overlooked when diagnosis is not otherwise clear. The first indication for its use is when there are such symptoms as cough, wheeze, or bleeding the cause of which is not explained by any other definite diagnosis. For instance, in the haemoptysis caused by pneumonia a bronchoscopy would not be indicated.

The second use to which bronchoscopy may be put is for treatment such as the removal of a foreign body. Although originally bronchoscopy was developed for this very purpose, at the present time a very large percentage of cases are done for diagnosis and treatment of disease of other origins. It is now possible to extract opaque foreign bodies, such as common pins, from the most distal portions of the lung, and with the aid of special forceps almost any object may be disimbedded and removed.

When a foreign body is suspected to have been aspirated into the bronchus, care must be taken to reassure the patient so that he will not become panicky. Do not try to remove the foreign body without the aid of a bronchoscopist; it is almost certain to be pushed down further into the trachea if an attempt is made to remove it with the fingers. Dr. Louis Clerf has written: "It was generally recognized as early as 1850 that while an aspirated body usually went into the more distal portions of the airway it might be stopped at the very entrance of the larynx and produce suffocation." We should try to remember that removal of foreign bodies in the bronchus is never an emergency, but if the foreign body has lodged in the larynx or trachea, a tracheotomy is indicated as soon as possible.

It is possible that a patient may aspirate a foreign body and have choking symptoms and a feeling of suffocation for a short time but months may elapse before any pulmonary symptoms are evident. The approximate size and shape of any opaque foreign body in the tracheo-bronchial tree may be determined by X-ray, and the bronchoscopist may practise on a similar object in a mannequin board made especially for this work. This is for the purpose of determining which forceps would be the correct ones to use when attempting to remove the object. A number of forceps are in use which have been made for specific types and sizes of objects. Ball forceps are used for holding hard smooth-surfaced objects, such as beads. There is a special type of forceps for closing and removing a safety pin

which may have lodged in the bronchial tree.

Tumours, both benign and malignant, may cause bronchial obstruction. The only means by which tumours of the bronchi can be diagnosed early enough to be effectively treated through the bronchoscope is by biopsy of a section, taken through the bronchoscope, sufficiently early to warrant certain surgical procedures. In cases of asthma, bronchoscopic aspiration of the viscid secretion may be done. This generally benefits the patient greatly, and the effects may last for a surprisingly long time. In cases of post-operative atelectasis there is "massive collapse of the lung," that is, an airless lung. A plug of secretion which the patient may be unable to cough up may cause him to become cyanotic and to suffer from air hunger. By aspiration, great relief is obtained and usually one aspiration is sufficient though occasionally two are needed. For patients suffering from chronic cough and profuse sputum due to bronchitis, bronchoscopy may be indicated as a means of ruling out the possibility of an obstruction such as a foreign body or tumour.

In bronchiectasis, bronchoscopic drainage is much more complete than by posturing the patient and the productive cough may be relieved considerably. In pulmonary abscess, in order to exclude the possibility of a foreign body, tumour or other conditions, as well as in tracing the stream of pus to the particular branch bronchus from which it comes, bronchoscopy is of diagnostic value. While the pleura cannot be drained through a bronchoscope, in cases of empyema a bronchoscopy may be indicated. In some cases the removal of a bronchial obstruction may hasten the cure even though it has been necessary to perform an external operation.

If a tuberculous patient should have signs of obstruction a bronchoscopy may be indicated unless the larynx is also involved. The obstruction may then be removed or treated. Another reason for doing bronchoscopy in suspected cases of tuberculosis is to secure a specimen of bronchial secretion or tissue from the bronchus of the diseased lobe. This may lead to a positive diagnosis of tuberculosis when repeated sputum examinations have been negative. Before a patient undergoes a thoracoplasty, if there should be any signs or symptoms of a condition of the tracheo-bronchial tree, a bronchoscopy may be indicated to rule out the possibility of tuberculous tracheobronchitis. This would be a contra-indication for thoracoplasty.

In electrical shock a clear airway may be obtained by introducing a bronchoscope, and oxygen could be administered in this way. If the patient were suffocating as in drowning, oxygen could also be given in this manner by a bronchoscopist.

Before a bronchoscopic examination is made the absolute confidence of the patient must be secured. He must not become alarmed. In the Saint John Tuberculosis Hospital routine procedure includes the following preparatory measures:

Five hours fasting beforehand.

An hour and a half previous to going to the operating room, a sedative is given as ordered by the physician.

The mouth is cleansed by using a tooth brush and mouth-wash.

In the operating room everything must be absolutely in readiness before the patient arrives in order to avoid any talking or unnecessary confusion which may disturb him. The persons in the operating room are: the operator; the assistant for holding the patient's head and supporting his shoulders (preferably a doctor if available); the

"scrub-up" nurse; an orderly to hold the patient's shoulders in the correct position on the table. A nurse (not "scrubbed-up") must be ready to start suction, turn lights on and off, or be of any other assistance. Sometimes it is necessary to have a second orderly to hold the patient's hands, or to exert a little pressure on his knees to discourage kicking. While bronchoscopy is not a brutal procedure and the tissues should not become traumatized to any extent, still it is distressing.

It is necessary to have absolute teamwork in the operating room. After the local anaesthetic has been applied, the patient should be placed on the operating table with the top edge of the table at the middle line of the scapula—that is the head and upper half of the scapula are over the top end of the table and supported by the first assistant. The room is darkened but not absolutely dark. The procedure is not a long one if for the purpose of examination alone but if a foreign body is to be removed a longer time might be required. Usually from four to six minutes or perhaps a little less would be sufficient time for examination through the bronchoscope.

The following equipment is included in the set-up:

Cap, mask, sterile gown and gloves for doctors and nurse; covers for instrument table and sterile sheet for patient; suction apparatus; oxygen set-up always in readiness; batteries for lights; laryngoscope and lights; bronchoscope and lights (the size of these depends on whether the patient is a child or an adult); special cross-section forceps; bite-block; atomizer for spray, aspirators; any bronchoscopic forceps which the doctor wishes to use; long bronchoscopic sponge-holders; special small bronchoscopic sponges; a few large gauze sponges; rubber covered cords for connecting the lights to the batteries, specimen collector; suction tubing and tubing for oxygen; tracheotomy set always in readiness; Lipiodol, an oil made up of 40% iodine in poppy seed oil sometimes instilled for diagnostic aid with X-ray afterwards; medicine glasses and medicine dropper.

With very few exceptions bronchoscopic work is not done under a general anaesthetic. In adults the type of local anaesthesia to be used depends on the preference of the operator. Cocaine 4 percent and 10 percent have been used by the operator at the Saint John Tuberculosis Hospital; adrenalin (five to eight minims per ounce) is added to the cocaine.

All instruments, with the exception of lights and their carriers and the rubber covered cords, are sterilized by boiling. The lights and carriers are immersed in a 70 percent alcohol bath for one-half hour. Cords are wiped thoroughly with an alcohol sponge. Before passing any instruments to the operator it is the duty of the "scrubbed-up nurse" to check all lights and to see that they are screwed on correctly. It is also necessary for her to know the correct way to pass the bronchoscope to the operator when he wants it so that he will not have to take his eyes off his work. Stools are provided for the operator and his assistant, and a box with rubber covering on all sides is placed under the head of the table on the floor upon which the first assistant can place his foot. We use a box 10″ x 12″ x 14″ to give different heights. The correct height of the operating table from the floor is 32″.

When the patient is taken to the ward from the operating room he should be kept warm. He is not given anything by mouth for from two to three hours, depending upon the time it takes for the effect of the anaesthesia to wear off. If the patient should have symptoms of suffocation, oxygen should be adminis-

tered. Steam inhalations (probably with tr. benzoin) will help to relieve any irritation in the throat. Too much cough sedative should not be given because then the patient would not be able to cough up any excess secretion which might be blocking the respiratory tract. The patient should stay in the hospital overnight so that he may be kept under observation.

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Bronchoscopy, Esophagoscopy and Gastroscopy. JACKSON *and* JACKSON

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments and resignations of the Victorian Order of Nurses for Canada:

Miss Beatrice Larson has resigned from the Burnaby Branch and from the Victorian Order of Nurses for Canada. Miss Larson resigned to be married.

Miss Mary MacIlveen has resigned from the Lachine Branch.

Miss Janet Cunningham has resigned from the Kingston Branch and from the Victorian Order of Nurses for Canada. Miss Cunningham resigned to be married.

Miss E. Annette Martin has resigned from the Carleton Place Branch of the Victorian Order of Nurses.

Miss Marion Kidney has been transferred from the York Township staff to the position of nurse-in-charge of the Carleton Place Branch.

Miss Evelyn Logan and *Miss Helen McMorran,* both recent graduates of the course in Public Health Nursing, University of Western Ontario, have been appointed to the staff of the Victorian Order in East York and York Township respectively.

Miss Lucille McAllister, a graduate of the course in Public Health Nursing, McGill University, has been appointed to the Victorian Order staff in Burnaby, British Columbia.

Miss Mary G. Wade, a graduate of the course in Public Health Nursing, University of British Columbia, has been appointed to the staff in Victoria, British Columbia.

A WORD OF THANKS

The firm of Abbott Laboratories Limited, Manufacturing Pharmaceutical Chemists, with headquarters at 388 St. Paul Street, West, Montreal, has consistently demonstrated its belief in the value of this *Journal* as an advertising medium. Under the terms of contract, the *Journal* is obligated to place the Abbott Laboratories advertisement opposite the first editorial page but upon the occasion of the Royal visit, the firm kindly allowed us to alter this position so that the portrait of Their Majesties might be appropriately placed. Once more a similar privilege has been accorded us, and thanks to the courtesy of Abbott Laboratories, "The Lady with the Lamp" has pride of place in this issue opposite the message from our national President.

The Life of the Party

JEAN MACDONALD, R.N.
St. Paul's School of Nursing, Saskatoon, Sask.

Activity is a sign of life. That which has no movement, except from extrinsic sources, we call dead. A stone is dead, so is a log. We attribute deadness to inactivity. A hockey player or a baseball player who is lackadaisical in his play, calls forth the expression, "Oh, he's dead!", meaning, of course, that aliveness, and awareness of his position is at a low ebb. A gathering of people can be dead and to become a little more personal, I would say that these meetings of ours are sometimes "dead".

Now it cannot be disputed that a group gets its life from the individual members constituting it. If each member is a live entity, has a sense of responsibility and feels that on her shoulders rests the obligation of contributing a spark of life, then an organization is really alive. But it is the sad truth that the feeble spark of life is kept glowing by the efforts of a few individuals and, no matter how enthusiastic they may be, their activity must in time flicker out and die from lack of responsive action on the part of their fellow-members.

We all love our profession and realize that we are contributing to the betterment of humanity. We know that we are living in accord with the commandment which Our Divine Saviour teaches as next to love of God Himself, that is, love of our neighbour. It is not pride but knowledge which tells us that we are well-nigh indispensable. Knowledge of the pain we have eased, the children we have mothered, the old people whom we have cared for, the joys shared, the sorrows halved, the death agonies eased, tell us that our profession is not a job but something higher, nobler, more elevating—it is a vocation. Once we lose the concept of the nobleness of our calling and work purely for gain we cease to be true nurses, forfeit the respect and love of our patients and become hirelings.

Now the periodic meetings of our nursing organization are calculated to keep alive and foster in us the spirit of our calling. They are meant to keep us aware of the fact that we are graduate nurses willing and eager to better ourselves in our chosen work, willing to learn and eager to profit by the experience of others. None of us is so foolish as to imagine that passing our R.N. examination signifies that we have thereby achieved the summit of knowledge. There is no profession in the world which is not continually bettering itself and ours is no exception. Continually, by lectures, by reading, and by personal experience we are learning to become better and more proficient nurses. At no time can we say, "Now I know it all." We are anxious to learn and we are just as anxious to give to others the benefit of the lessons we have learned. We are all intelligent beings—surely then we must have something worthwhile to say. It cannot be that in any meeting of a nursing organization there are not many who could help with suggestions or constructive criticism.

It is not awe of our surroundings which seals our lips, or mental stagnation or lack of love of our calling. What, then, can it be? It is simply lack of personal responsibility. It is that blameworthy habit of leaving the work to others and nothing is better calculated to murder an organization or a meeting than this. To sit back and look and act

like a graven image is the surest way of killing enthusiasm. Socrates himself could not wax eloquent when speaking to statues. The most ambitious of us is stricken dumb when our words fall on deaf unresponsive ears and no responsive flicker of interest or enthusiasm is aroused in the listener. Our meetings, whilst partaking of the social, are by no means wholly of such a nature. Our primary object is betterment, it is to learn something, to untangle problems, to keep alive the spirit of the nursing profession, to weld closer the bonds uniting us to one another and to our work.

Socially we do not need such meetings, professionally they are indispensable. Hence the necessity of making the meetings interesting, making them something to be looked forward to is a matter of personal obligation. Those in charge do their share, we for whom they are working must do ours. How? By taking an intelligent, wide-awake interest in all that goes on. For example, one member reacts favourably to a suggestion, knowing from experience that it is good, but fails to express that approval or substantiate it with the proof of her own experience. By remaining silent a golden opportunity is lost for showing that she is alive. Another hears a suggestion or reads a pertinent article, but figuring that all have heard the same suggestion or read the same article she also remains silent, forgetting that her reaction may not at all correspond with the reaction of the majority of those present. Another opportunity is thus lost for contributing to the "life of the party." And so it goes on.

I have only one suggestion to make and all others more or less hinge upon it. We must develop our sense of personal responsibility for making our meetings interesting. Do not leave it to Miss Dash or Miss So-and-So, however capable they may be, but dig in yourself and help things along. Help with practical suggestions, help by taking a part in discussion, help by asking questions which have puzzled you, help by airing your doubts and difficulties and by voicing reasonable objections, help in a hundred and one other different ways which your own good common sense dictates.

Instead of squirming through the meetings, or sitting passively and *sufferingly* through them, instead of reckoning them as so many hours to be gone through, a sort of necessary evil, we should develop a "chip on the shoulder" attitude towards them. By this I do not mean a carping spirit of fault-finding, all too ready to take offense, but rather a feeling of "Well, I'm not going to be dead. My suggestions, plans or what-have-you may not be over bright, but who cares? I'll show, at least, that I am taking an intelligent interest in affairs." This is the frame of mind that I should like to see at our meetings. And, personally, I think that this is the only attitude that is going to get us anywhere. To sit back looking pretty may delight the sight of an artist, but here we want action. Action is the surest sign of life. Action betokens to all and sundry that we are intelligent, ambitious beings. Action is the only thing which can keep these meetings of ours from becoming stagnant pools of wasted time. Action can only be achieved by the united effort of all members. Because we are all parts of one living body let us be *alive*, and let us develop that much needed, that much to be desired sense of personal responsibility. Then, and then only, will our meetings be a pleasure and not a bore.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The activities of the Canadian Nurses Association for the biennium 1938-40 include a number of studies, the reports of which will form part of the programme of the General Meeting in 1940. Some of these activities have been initiated at the request of the Provincial Associations while others have originated in the Executive Committee of the C.N.A. It is suggested that during the winter months local groups of nurses might study some of these projects, as follows:

1. *The securing of an Act of Incorporation for the Canadian Nurses Association.* Will such an Act prove advantageous to the Provincial Associations of Registered Nurses as federated units of the National Organization? The findings of the Legislation Committee relative to the benefits of incorporation to the C.N A. have been submitted to the Provincial Associations.

2. *The re-naming of the three National Sections of Private Duty, Nursing Education, Public Health.* In the opinion of certain groups of nurses these three Sections do not provide Section classification for all nurses. The by-laws of the C.N.A. allow for the formation of a section by any group of members interested in a special branch of nursing, providing the same is approved in a general meeting. Is it advisable to form one or more additional Sections or can all nurses be accommodated in three sections?

3. *The securing of the means by which an eight-hour day shall be obtained for graduate and undergraduate nurses.* There is a representative from each Provincial Association on the Committee appointed to make this study. By concerted action of the nurses in each province can an eight-hour day be secured? What is to hinder nurses from taking concerted action?

4. *The obtaining of data for a History of Nursing in Canada.* The Committee that is directing the accumulation of data includes a representative from each Provincial Association. Enthusiasm on behalf of the objective of this Committee should be readily aroused by reading the correspondence which appears on page 530 of the September number of the *Journal*, under the caption of "Monomania".

No doubt other questions relative to these subjects will present themselves. All of which should assure an attendance at the General Meeting of well informed members, which in turn will facilitate expression of opinion and the making of well advised decisions.

In Appreciation

Upon her return to Canada, Miss Bianca Mary Beyer addressed the following letter to the Executive Secretary of the Canadian Nurses Association:

Now that a very happy and profitable year at the Florence Nightingale International House, London, has been completed, may I once again thank the Canadian

Nurses Association for making it possible for me to enjoy the course of studies there. The year was filled with rich experiences, chief among them being the opportunity to observe nursing in many countries and to meet members of the nursing profession throughout the world. The course is so satisfying, and stimulating as well, that I wish it were possible for every Canadian nurse to experience it. Because I realize its value, I am more fully aware of the honour conferred on me when I was chosen to represent Canada in England during 1938-39. I thank, sincerely, all members of the Canadian Nurses Association for so great a privilege.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Miss Christina C. Murray (Endowment Fund)	$25.00
Manitoba:	
Private Duty Nurses	1.50
Staff, Provincial Department of Health	8.25
Ontario:	
Nurses-in-Training, Victoria Hospital, London	15.00

A WELL MERITED HONOUR

In Halifax, Nova Scotia, on August 23, 1939, the University of King's College celebrated the one hundred and fiftieth anniversary of its foundation. King's College is the oldest English University in the British Dominions and, during the impressive ceremonies which marked the occasion, a greeting was read from the Archbishop of Canterbury who, under its Royal Charter, is its Patron.

The honorary degree of Doctor of Civil Law was bestowed upon a number of distinguished persons, among them being Kathleen Russell, Director of the School of Nursing of the University of Toronto. Miss Russell is herself a graduate of King's College, and the honour conferred upon her demonstrates the high esteem in which her contribution to the education of nurses is held by her own University, as well as by her fellow nurses in every part of the Dominion.

THE MABEL F. HERSEY SCHOLARSHIP

Announcement has been made by the Alumnae Association of the Royal Victoria Hospital School for Nurses, of the award of the Mabel F. Hersey Scholarship for post-graduate study in nursing to Miss Edna M. Hattie, of Caledonia, N. S. This scholarship is awarded annually by the Alumnae Association and was established by them in grateful appreciation of Miss Hersey's services to the Royal Victoria Hospital School for Nurses and to nursing in Canada for more than thirty years.

The scholarship may be used for post-graduate work either in a hospital or a university. Miss Hattie, who graduated from the Royal Victoria Hospital Training School for Nurses in 1937, has since been doing general duty. She will take the course in public health nursing at the School for Graduate Nurses, McGill University.

STUDENT NURSES PAGE

Keeping Fit

MARGARET HINCH

Hôtel Dieu Hospital, Kingston, Ontario.

For the past six months, we have been introducing into the School a physical training organization under the capable direction of Dr. Ted Coffey, a graduate of Harvard and of the University of Cambridge, who has taught physical training in several educational institutions and is now junior basketball coach at Queen's University.

Physical training is important for student nurses, because it aids in having good health which is most essential, otherwise a great deal of time and money is lost each year by illness. The student is not required to have a medical examination before entering upon the course, but great care is exercised to see that she does not select activities that are too strenuous for her.

Everyone knows that poor posture is a great hazard for a student nurse. This is influenced by fatigue and by the type of work she does, such as bending over beds, lifting, carrying and studying. Students are inclined to develop round shoulders, flat chests, forward heads, and protruding abdomens. Corrective exercises, properly applied and executed as we are doing in our physical training classes, aids us to overcome poor posture.

During the first month of our physical training classes, basketball, tennis, and softball proved valuable exercise. We had our tennis court enclosed on three sides with wire netting to a height of fifteen feet and the uprights used for this were so placed on the ends that they served also to support the brackets for basketball baskets. Now we may use the court for either tennis or basketball. We played softball on the space adjoining the court and when these activities became out of season marching, exercises, folk dances and drills were taught.

One of the students donated a victrola and a number of records which can be used for all classes requiring musical accompaniment, but so far we are fortunate in having students who are good pianists. About three dozen broom handles were converted into wands by sanding the wood and applying a coat of varnish paint. Two dozen Indian clubs were purchased, and the winding and swinging of these have added greatly to our training. Two table tennis sets complete our equipment at the present time but the Alumnae Association of the School has become interested in our physical education programme and has promised to help our restricted budget. They have already purchased a new radio for us and paid for our Indian

clubs. Exclusive of the radio, our physical and recreational programme has cost about one hundred and twenty-five dollars.

The entire programme of physical training must be very flexible and yet rigid enough to assure every student her required gym work each week. It is difficult to fit it into the nursing schedule but the ultimate success of the whole programme depends solely upon the interest of the students in the activities rather than upon compulsion. Regular classes are held twice a week for capped students in the evening, and in the afternoon for preliminary students. The first half of the period is given to gym work and the remaining time to the recreational part of the programme. Attendance is not compulsory but so far our physical training has been a splendid success and we hope that it may become one of the leading activities of our School.

ONTARIO PROVINCIAL PUBLIC HEALTH NURSING SERVICE

Miss Marie-Alice Cloutier (St. Charles Hospital School of Nursing, St. Hyacinthe, P. Q. and University of Western Ontario Public Health Nursing Course) has resigned from the staff of the North Bay department of health. She has been succeeded by *Miss Rhea Lalonde* (Ottawa General Hospital School of Nursing and University of Toronto Public Health Nursing Course).

Miss Donna Huffman, B.Sc.N., (Victoria Hospital School of Nursing, London, and University of Western Ontario Public Health Nursing Course) is leaving her position. *Miss Annie Smith* (Hamilton General Hospital School of Nursing and University of Toronto Public Health Nursing Course) will continue the public health nursing programme in Burlington.

Miss Oleavia Chant (Buffalo City Hospital School of Nursing) who has served as industrial nurse at Beatty Bros. Ltd., Fergus, for several years, is giving up her position in order to attend the University of Toronto Public Health Nursing Course, 1939-1940.

Miss Louise Riggins (Buffalo General Hospital School of Nursing and Ontario Department of Education course in School Nursing, 1920) has resigned from the staff of the St. Catharines Department of Health Nursing Service. Miss Riggins was a pioneer in Ontario School Nursing and began her work under the Board of Education of St. Catharines in 1918. Later an amalgamation of services brought about a generalized programme to which Miss Riggins continued to make a fine contribution.

Miss Gertrude Hanmer (Toronto General Hospital School of Nursing and University of Toronto Public Health Nursing Course) has joined the nursing staff of the St. Catharines Department of Health.

Miss Doris Storms (Kingston General Hospital School of Nursing and University of Toronto Public Health Nursing Course) has accepted a position with the Kingston Department of Health.

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*Average adult minimum daily requirement unknown.

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Neurology and Nurses

S. E. C. Turvey, M.D.
Vancouver, B. C.

I like to think that modern nursing began with Florence Nightingale about 1853 or thereabouts, and that the beginnings of neurology as a separate branch of medicine began about the same time. In 1837, Romberg in Berlin began systematic neurological examinations and clinical diagnosis. He wrote the first book on nervous diseases in 1840. We perpetuate his memory in the use of "Romberg's Sign", and about the same time, Duchenne in Paris began neurology, to be followed by the more famous Charcot, who created the greatest neurological clinic of modern times. These three men built the material framework of neurology from which Hughlings Jackson of England projected the functional and even the philosophical portion of modern neurology. In 1891, Quinke began to perform lumbar punctures. Certainly by 1900 neurology was well established as a specialty in medicine and in most medical schools and hospitals.

I am asked frequently, "What is neurology?", and I confess I have difficulty in defining it. Broadly interpreted, it is the study and treatment of diseases of all the nervous tissues of the body; but, as every part of the body is controlled by nervous impulses, this would imply that neurology embraces all other medical specialties. This is true in some measure, for there are affections of the heart that are neurological, and of the stomach, the intestines, the bladder and the blood vessels as well. The endocrine glands are largely under the control of a portion of the brain.

On the psychical aspect, neurology fades so imperceptibly into the field of the psychiatrist, that none can draw the boundary line with finality. The fascination of neurology is partly in this catholicity of interest, and partly in the fact that the nervous system is the organizer and co-ordinator of all phyletic and ontogenetic experience. The preservation of the individual and the phylum are functions of the nervous system, for it alone enables the organism to adapt itself to environment.

Neurology, more than any other division of medicine excites our wonder, reverence and even awe, for the marvelous structure and complex mechanism of the human frame. The incomprehensible powers of the mind, the impulses of the nerves, the ability of the central nervous system to control the entire body must stir the depths of your admiration. The exquisite functioning of the wonderfully designed parts of this machine is "life", and whether this "life" to you be an adherence to a theological dogma in hope of advancement in the next world, or whether it be fidelity to an inner principle of your own, the miracle of this nervous system never lessens.

For practical purposes, the nervous system can be divided into three levels of activity: the vegetative, the sensorimotor, and the psychic. The vegetative level is the lowest and is concerned with the physical and chemical processes of the maintenance of life, such as the glandular, gastro-intestinal, genito-urinary, vascular, respiratory, muscular, cutaneous and bony systems. It controls growth, nutrition, development and involution. The sensorimotor level is the next higher, and the term "neurology"

is often limited to this level but quite erroneously. This level provides that all the multitudinous parts of the human machine should work harmoniously together, including sensory, perception and motor activities. The psychic level is the highest or most complex, insofar as it no longer confines its attention to the individual but is concerned also with the relation of the individual to his environment, both physical and social. It is divided into a comparatively small portion called "consciousness" and a much larger, much more important portion which furnishes the psychic motivation of conduct, the "unconscious".

I wish to stress one further conception. Any of these three levels of the nervous system may be: (1) functioning too little; (2) functioning too much; (3) not functioning at all. To illustrate; a person is paralyzed following a "stroke" because part of his brain is not functioning at all; the arm and leg are stiffened because another portion of the brain over-acts when the restraining influence of the higher, but destroyed, portion is removed.

The patient who is worrying intensely over an unsolved problem of life has an over-functioning of the psychic level. Alcohol causes an under-functioning of this psychic level and has no stimulating action on the brain but only releases the lower vegetative levels from the higher restraining levels. The higher levels control and modify the functions of the lower levels, and as most of our sins and excesses are due to the lower or vegetative level, these are properly interpreted not as over-action of that lower level, but as under-action of the restraining psychic level. Fits of rage, lack of emotional control, loose morals and unreasonable conduct of all kinds are evidence of this same principle. Any disorder of these three levels is within the proper domain of the neurologist.

So much for neurology. The nurse is unwittingly a skilled neurologist for no one sees more deeply into the ramifica-

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tions of the patient's nervous system than she does. Solomon asked that he might be given an understanding heart, and I often think he passed it on as a perpetual legacy to your profession. A dark mood is often more exquisite pain to a sensitive mind than the aching of a wound, and the greater delicacy and finer sentiments of woman are potent weapons in your armamentarium. This understanding, this insight, this sympathy of yours is the common bond that I would wish to have with you.

There is one part of neurology where this infinite understanding of the nurse can be of special value, and that is in the functional nervous disorder or neurosis. This implies that no physical lesion exists to explain the symptoms. Whereas the psychotic person lives in a world of fantasy, the neurotic lives in the real world, and though its difficulties are far greater for him than they are for normal people, they are the same difficulties which all of us have. These people are ill, and it is useless to admonish them "to pull themselves together", or "to exert their will power" or "to get away from themselves". If they say they are exhausted all the time, yet are physically fit, they nevertheless still feel ill. If they say they have a pain, one must believe them for there is no such thing as an imaginary pain unless the person be a liar. This type of ailment probably comprises two-thirds of all complaints in medical practise and your patience as nurses is most sorely tried by these patients. Yet they need understanding, faith, and hope, and you can give these to them. The neurologist tries to discover why they have lost faith in themselves and what means can restore it to them, and how they can be given hope again.

This is the last word I would leave with you: that you foster their hope and faith in themselves.

AN INTERNATIONAL APPOINTMENT

Miss Yvonne Hentsch has been appointed Chief of the Nursing Division of the League of Red Cross Societies and will be attached to the headquarters of the League in Paris. Miss Hentsch is a graduate of the School of Nursing of "La Source", Lausanne, Switzerland. In 1935 she took the International Course given under the auspices of the Florence Nightingale International Foundation and, upon its completion, served for a year as a member of the headquarters staff of the International Council of Nurses at Geneva thus obtaining valuable experience in international work.

OBITUARY

UNA GALE, a graduate of the School of Nursing of Jeffery Hale's Hospital, died on August 12, 1939, after a brief illness. Miss Gale was a member of the Class of 1912. For a number of years she held the position of night supervisor in the Jeffery Hale's Hospital and subsequently became assistant superintendent of that Hospital. Later on she decided to give up institutional work and accepted an appointment as school nurse in the city of Quebec. Although at the time of her death Miss Gale had retired from public life, she was loved and respected by all with whom she came in contact.

NEWS NOTES

BRITISH COLUMBIA

Miss Geraldine Homfray has been appointed to the position of Field Work Supervisor in the Department of Nursing and Health at the University of British Columbia. Miss Homfray is a graduate of the Vancouver General Hospital and the University of British Columbia, and recently completed a post-graduate course at Peabody College, Nashville, Tennessee.

Recent appointments to the staff of the Metropolitan Health Committee in Vancouver, include Miss P. McDiarmid, Miss Evelyn Maguire, Miss Pauline McMartin, Miss Florence Jackson, and Miss Margaret H. Hay.

Married: Recently, Miss Betty Snowsell (Kelowna General Hospital) to Mr. Charles H. Geen.

Married: Recently, Miss Evelyn Jane Wilson (Royal Jubilee Hospital, Victoria, B. C.) to Mr. Gerald Manion Wilmot.

Married: Recently, Miss Elizabeth Stoddart (Vancouver General Hospital) to Mr. Harry J. C. Walker.

Married: Recently, Miss Olive E. Walker (Vancouver General Hospital) to Mr. Frederick Stevenson.

Married: Recently, Miss Mary Wollaston Greene (Vancouver General Hospital) to Mr. George P. Echlin.

NEW BRUNSWICK

SAINT JOHN:

The Saint John Tuberculosis Hospital recently invited the public to inspect its new surgical wing and other recent additions and renovations which are the culmination of the steady expansion during the past ten years. In the last decade the hospital has advanced from an institution of 150 bed capacity to one that can accommodate 272 patients. In 1930 the Nesbitt Memorial wing for children was added as the munificent gift of Mr. A. J. Nesbitt of Montreal,

As the institution changed with changing ideas of the proper environment for those whose malady confines them to bed for long periods, so its services have had to be expanded to meet the new methods of treatment of tuberculosis. Surgery has stepped into the forefront and the Saint John Tuberculosis Hospital with its thoroughly up-to-date surgical wing has already provided the operating theatre where 74 thoracoplastic,

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five phrenicotomy and many minor operations have already been performed. Practically all the major chest surgery being done in New Brunswick is done at the Saint John Tuberculosis Hospital.

ONTARIO

District 7

BROCKVILLE:

Miss Helen Robertson of the Ontario Hospital, Brockville, has recently completed a course in teaching and supervision at the School of Nursing of the University of Toronto and has joined the teaching staff of the School of Nursing of the Ontario Hospital, Brockville.

Married: Recently, Miss Irma Isobel Ellerbeck (K.G.H., 1935) to Mr. George Allan Gilmour.

District 9

NORTH BAY:

Miss Marie A. Cloutier, who has been public health nurse in North Bay for the past five years, and has also served as chairman of the North Bay Chapter, District 9, R.N.A.O., has been appointed organizer of home nursing classes by the Red Cross Society in Montreal, and assumed her new duties in September.

Married: On August 8, 1939, Miss Reta Williamson (Hospital for Sick Children, 1932) to Mr. Albert King.

Married: On August 5, 1939, Miss Mary Garvin (Lady Minto Hospital, New Liskeard) to Mr. Walter E. Haines.

QUEBEC

MONTREAL:

Royal Victoria Hospital:

Miss K. Jamer (R.V.H., 1927) has been appointed to the nursing staff of the Montreal Neurological Institute.

Miss K. Harding (R.V.H., 1935) has resigned from her position as one of the stewardesses of the Trans-Canada Air Lines and Miss Louise Tandy (R.V.H., 1939) has been appointed to that service.

Miss Margaret Heeney (R.V.H., 1933) has resigned from the staff of the Trail Tadanac Hospital and is now in charge of the Con Hospital at Yellow Knife, N.W.T.

Miss Beatrice Fatt (R.V.H., 1932) has been appointed to the nursing staff of the Bell Telephone Company.

Married: Recently, Miss Jean I. Calder (R.V.H., 1929) to Mr. R. Doland.

Married: Recently, Miss Minnie T.

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MacNaughton (R.V.H., 1931) to Mr. J. F. Claxton.

Married: Recently, Miss Jean C. Rowat (R.V.H., 1930) to Dr. D. S. Gorell.

Married: Recently, Miss Carmelita F. O'Neil (R.V.H., 1936) to Mr. H. P. O'Hagan.

Montreal General Hospital:

Miss Juana H. McCosh (M.G.H., 1926) has succeeded Miss Jane Home (retired) as assistant to the Sister-in-Charge of the Nurses' Home.

Married: On August 31, 1939, Miss Thora Dick (M.G.H., 1939) to Dr. A. Campbell Stone.

Married: On September 2, 1939, Miss Edith M. L. Boyd (M.G.H., 1933) to Mr. James Jackson Crawford.

Married: On September 2, 1939, Miss Dorothy F. Fernie (M.G.H., 1934) to Mr. Leslie Douglas Gardner.

Married: On September 2, 1939, Miss Florence D. Darling (M.G.H., 1936) to Dr. Robert Ferguson.

QUEBEC:

Jeffery Hale's Hospital:

Miss Laura Matheson (J.H.H., 1937) has accepted a position in the Baltimore City Hospital, Eastern Division, Baltimore, Md.

Miss Gladys Touchie (J.H.H., 1939) has accepted a position on the staff of the Boiverst Memorial Hospital, Comeau Bay.

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Labour Day . . . has always been . . . our favorite holiday . . . It falls on a Monday . . . at the beginning of September . . . when summer is not quite over . . . and autumn not yet come . . . This is the day . . . when we take out our cloth coat . . . from its moth bag . . and consign our weather-beaten straw hat . . . to the bandbox . . . where it hibernates . . . until the Spring . . . But this year . . . these homely duties . . . were left undone . . . Our whole world . . . seemed narrowed down . . . to the dimensions of a little box . . . with a scroll work front . . . set against a background of brown silk . . . like an old-fashioned piano . . . At one side . . . there is a dimly lighted dial . . . which tunes us in on C.B.C. . . . "This is the Canadian Broadcasting Corporation" . . . "Ici, Radio Canada" . . . For three dreadful days . . . we listened to confused voices . . . from London, Paris, Warsaw . . . and suddenly out of the tumult . . . came the brisk assertion . . . "Krakow is not a fortified city" . . . The omniscient commentator was mistaken . . . We have worked in Krakow . . . and we know better . . . Of course there are no bombing planes . . . poised for flight . . . no armoured tanks . . . no heavy artillery . . . but at the edge of the Royal city . . . in a pleasant park . . . where the children used to play . . . there is a green mound . . . called the Hill of Kosciusko . . . in honour of the national hero of Poland . . . who died in the defence . . . of his country . . . When the conquerors forbade . . . that any stone or bronze monument . . . be raised to his memory . . . from every part of Poland . . . there came silent peasants . . . with carts drawn by horses and oxen . . . women with barrows . . . children with little bags . . . all laden with rich soil . . . They heaped it high . . . until the Hill of Kosciusko . . . rose from the plain . . . beside the Vistula . . . so Krakow has its ramparts . . . and its earthworks . . Krakow even has a garrison . . . In the old market place . . . there is an ancient tower . . . which has survived many an onslaught . . . on Polish independence . . . Every day at noon . . . for more than five hundred years . . . a bugle call . . . known as the "Heynal" . . . has been sounded . . . from the top of that tower . . . It begins high and clear . . . but has a broken ending . . just as it had . . . in the thirteenth century . . . when an arrow . . . aimed by the advancing Tartars . . . pierced the throat of the bugler . . . At this very moment . . . that tower may be . . . only a heap of stones . . . but at noon . . this day and every day . . . the "Heynal" will ring out over Poland . . . to tell her people . . . that Krakow is still a fortified city . . . E. J.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg.

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